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CONFIRMATION NO. 2662

<b>SERIAL NUMBER</b> 10/726,024	<b>FILING OR 371(c) DATE</b> 12/02/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 141-239A
<b>APPLICANTS</b> Manesh Dixit, Sunrise, FL; Chih-Ming Chen, Taipei, TAIWAN; Xiu Xiu Cheng, Weston, FL; Jianbo Xie, Davie, FL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/431,954 12/09/2002 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/01/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Renee Clayton</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 29
		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 47888				
<b>TITLE</b> Oral controlled release dosage form				
<b>FILING FEE RECEIVED</b> 1062	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	